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**13** Number of Pages (including this page)

Date: August 7, 2006  
To: Examiner Sorrell, Eron J  
Location: United States Patent and Trademark Office  
Fax No.: 1 (571) 273-8300 Centralized Facsimile  
From: Larry G. Brown  
Docket No. CE11193J1210 – Khawand, J, et al. Confirmation No.: 4001

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**MESSAGE:**

In connection with the above-identified Patent Application, please find attached herewith the following documents:

- Transmittal Form;
- Two-Month Extension of Time (in duplicate); and
- A nine (9) page Amendment;

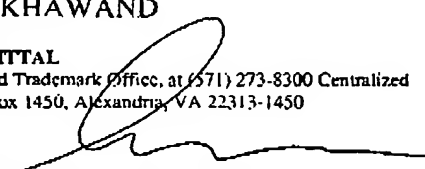
**PLEASE DELIVER THESE PAPERS TO:**

EXAMINER:	Sorrell, Eron J
GROUP ART UNIT:	2182
SERIAL NO.:	10/643,327
FILED:	August 19, 2003
INVENTOR:	JEAN KHAWAND

**CERTIFICATE OF FAX TRANSMITTAL**

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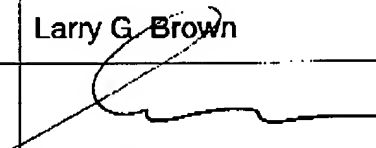
AUG 07 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/643,327
		Filing Date	August 19, 2003
		First Named Inventor	Khawand, Jean
		Group Art Unit	2182
		Examiner Name	Sorrell, Eron J
Total Number of Pages in this Submission	12	Attorney Docket Number	CE11193J1210

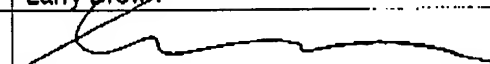
  

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request X Two Months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement without prior art refs. <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature			
Date	August 7, 2006		

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